

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50845

1. Entity Name
TATI TRANSFER, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90226 020 ***150.00

Principal Place of Business

7185 NW 87 AVE
MIAMI FL 33166
US

Mailing Address

7185 NW 87 AVE
MIAMI FL 33166
US

2. Principal Place of Business

8500 N.W. 30 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

8500 N.W. 30 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33122

Country

U.S.A.

Zip

33122

Country

U.S.A.

4. FEI Number

59-2333207

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORES, ROBERTO
7185 NW 87 AVE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

ROBERTO LORES

Street Address (P.O. Box Number is Not Acceptable)

8500 N.W. 30 TERRACE

City

MIAMI

FL

Zip Code

33122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

ROBERTO LORES

(NOTE: Registered Agent signature required when reinstating)

2-7-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME LORES, ROBERTO
STREET ADDRESS 7185 NW 87 AVE
CITY-ST-ZIP MIAMI, FL 00000 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME LORES, ROBERTO
STREET ADDRESS 8500 N.W. 30 TERRACE
CITY-ST-ZIP MIAMI-FL 33122 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO LORES

2-7-01

Date

Daytime Phone #

CR2E034 (10/00)